



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

## Comments

[illegible]

Camden  
007

ADAMS OIL INC.

[illegible]

City or Town																State	ZIP Code
C																NJ	08343
4	M	O	N	R	O	E	V	I	L	L	E						

[illegible]

City or Town															State	ZIP Code					
C	C	A	M	D	E	N										NJ	0	8	1	0	5

[illegible][illegible]

☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.

☒ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel  
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☒ 6. Off-Specification Used Oil Fuel  
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☒ b. Other Marketer

☐ c. Burner

☒ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

☐ A. Utility Boiler      ☐ B. Industrial Boiler      ☐ C. Industrial Furnace☐ A. Air    ☐ B. Rail    ☒ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

☒ A. First Notification      ☐ B. Subsequent Notification (*complete item C*)

[illegible]



## ID — For Official Use Only

C																		T/A	C
W																			1

**X. Description of Hazardous Wastes** (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
X001					
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

Donald J. Adams

Donald J. Adams Pres.

9-29-86

EPA Form 8700-12 (Rev. 11-85) Reverse

1986 SEP 29 AM 11:30

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
NEW YORK, N.Y.